

***RESOLUTION NO.: 126—2016-17***

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

***2/3 MAJORITY – 24 VOTES***

1           The 2016 Adopted Budget included funds for 75 autopsies. As of October 25, 2016, the  
2           Coroner’s Office has ordered approximately 76 forensic autopsies and estimates an  
3           additional 15 autopsies will be needed for the remainder of the year at a cost of \$2,000  
4           per autopsy. While the number of autopsies needed each year varies, the 2016 increase  
5           appears to be due to an increase in the number of deaths related to heroin and meth  
6           overdoses. This resolution approves transferring \$30,000 from the Contingency Fund to  
7           the Coroner’s Purchased Services budget.  
8

9           NOW THEREFORE, the undersigned members of the Public Safety Committee recommend  
10          adoption of the following resolution.

11           BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize transferring  
12          \$30,000 from the Contingency Fund to the Coroner’s Purchased Services budget as noted on the  
13          attached fiscal note which by reference is made a part hereof, and

14           BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy  
15          of this resolution to the Outagamie County Coroner and the Outagamie County Finance Director.

16          Dated this \_\_\_\_ day of December 2016

Respectfully Submitted,

PUBLIC SAFETY COMMITTEE

23 \_\_\_\_\_  
24 James Duncan

23 \_\_\_\_\_  
24 Lee W. Hammen

28 \_\_\_\_\_  
29 Katrin Patience

28 \_\_\_\_\_  
29 Tony Krueger

33 \_\_\_\_\_  
34 Mike Thomas

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Duly and officially adopted by the County Board on: \_\_\_\_\_

Signed: \_\_\_\_\_  
Board Chairperson County Clerk

Approved: \_\_\_\_\_ Vetoed: \_\_\_\_\_

Signed: \_\_\_\_\_  
County Executive

**OUTAGAMIE COUNTY FISCAL NOTE**

**INTRODUCTION:** This form must be attached to any resolution or ordinance which contains a spending or revenue proposal. The form should be completed by an individual within the department initiating the resolution or ordinance with assistance from the Financial Services Department. Contact the Finance Director (1674), Controller (1675) or Staff Accountant (1681) for assistance. Once completed, forward a copy of the form to the Financial Services Department for their review. Financial Services will forward a reviewed copy of the fiscal note to Legislative Services.

1. **Subject:** Request for Transfer funds from the Contingency Fund for Coroners Office for Increased Autopsy Expenses due to the number of Autopsy's performed.

2. **Description:** This section must be completed for all fiscal notes. Briefly and concisely describe the request. State assumptions used and discuss any current year and long-term fiscal impacts. (A separate attachment can be used)

As of October 25, 2016, the department has ordered approximately 76 forensic autopsies. This is already one more than the number of autopsies as budgeted for all of 2016 (75). The department estimates that they will have an additional 15 autopsies that will be needed for the months of November and December. While the number of autopsies needed each year has varied greatly (see attached graph), the 2016 increase appears to be due to an increase in the number of deaths related to heroin and meth overdoses. At a cost of approximately \$2,000 per autopsy, the department is requesting a transfer from the Contingency fund for \$30,000 to cover the costs of these autopsies for the remainder of 2016.

**Current Year Budget Impact (Check one or more of the following boxes)**

Revenues                       Expenses (Cost)                       None

- 3. Is the specific cost or revenue included in the current year's budget?                      yes ( )    no ( )    partially ( X )
- 4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item?                      yes ( )    no ( X )    n/a ( )
- 5. Is the proposal to accept additional revenues only?                      yes ( )    no ( X )
- 6. Does this request modify/adjust the current year budget?                      yes ( X )    no ( )  
If no, skip to question 8 below.
- 7. Detail current year budget changes. Please list cost center name, line item, account number and either the increase or decrease amount. (Please note that all budget adjustments must balance. For example, an increase in an expenditure account must be offset by a decrease in another expenditure account or the contingency fund or an increase in a revenue account or other funding sources such as fund balance applied.)


COST CENTER NAME	LINE ITEM (i.e. Salaries, Supplies, Etc.)	ACCOUNT NUMBER INCLUDING COST CENTER (i.e. 1004100.5100, 1004100.5400, etc.)	INCREASE (DECREASE) AMOUNT
County Coroner	Purchased Services	1001400.5500	30,000
Res. for Contingencies	Purchased Services	1002247.5500	(30,000)

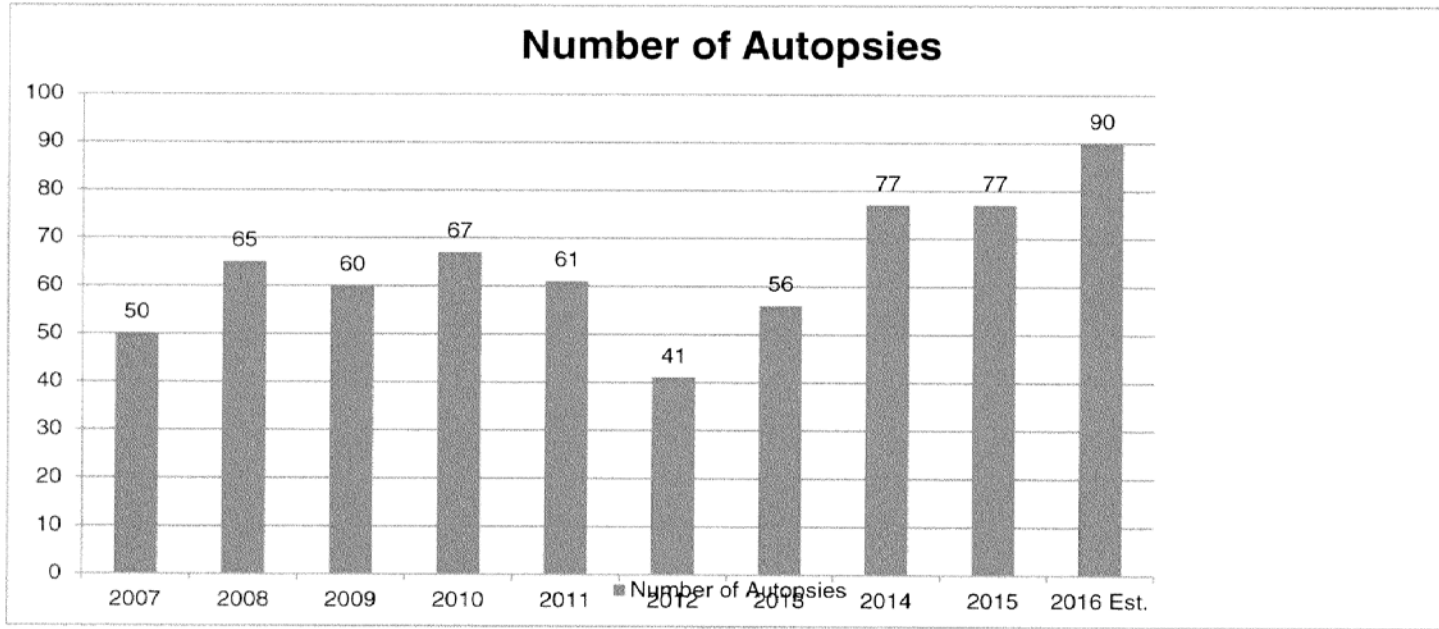
**Annual and Long-Term Impact**

8. Is the above Increase/Decrease a nonrecurring one-time expense or revenue?                      yes ( X )    no ( )    n/a ( )

9. What is the anticipated annual and/or long-term cost or revenue impact?                      Annual Cost                      0  
Annual Revenue                      0

Fiscal Note Prepared by: Kim Krueger / Brian Massey

For Financial Services purposes only	
Reviewed By: 	If expenditures are recorded in the financial system at a level of detail lower than the level 6 as shown above, indicate the specific account numbers and amounts below: <u>Detail Expenditures Account Number</u> <u>Amount</u>
Date: <u>10/31/16</u>	
Comments:	



2007	2008	2009	2010	2011	2012	2013	2014	2015	2016 Est.
50	65	60	67	61	41	56	77	77	90

Number of Autopsies